## Mana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: <u>/-25</u> -07	Address:	2000 Bx	5 4/2 6503
Case #: 42 26814		Courses	5 % 6503 1~ 47246
County: Decom			47286
Type of Laboratory Seizure (check one)	Seizure Location (c	beck all that apply	v)
Operational Lab  Chemical/Glassware/Equipment (only)  Dumpsite (only)	Residence Outbuilding Vehicle	☐ Hotel/Mot	
Items Found: Location (bedroom, kitchen, open at	ir, etc)		
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reactiou(s):			
Flammable Solvents:			
Water Resetive Metal (Lithium):			
Anhydrous Ammonia: Some Gra	Green Train		_
Hydrochloric Acid Gas Generator(s):	•		
Corrosive Acid:			
Corrosive Base:			
Other (item and location): Hose. 4 Fr	- 		
Child under age 18 discovered (check one)  Yes (number present)  No *If yes, fax report to Child Protective Services	Ephedrine Retail/Mo	•	ne Tracking Log
This report is to be faxed to the following ager			
Fire Department: Muchouse UFD	Fax: <u>10</u>	Fre Gur	to CFD A
Health Department: De	Fax: ///	Deway	D. May
Child Protection Service:	Fax:		
For further information regarding this methamph Investigating Officer: Aux Pho	etamine laboratory, co ne (612) Wy 500		

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing,

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.